| •  |   |   |                                      |                                   |              |                  |                   | Application or Docket Number |                        |            |                           |                        |  |
|--|---|---|--------------------------------------|-----------------------------------|--------------|------------------|-------------------|------------------------------|------------------------|------------|---------------------------|------------------------|--|
|  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  |   |                                      |                                   |              |                  |                   |                              |                        |            |                           |                        |  |
| ·  |   |   |                                      |                                   |              |                  |                   | 10-807-076                   |                        |            |                           |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                                      |                                   |              |                  | SMALL ENTITY TYPE |                              |                        | OR         | OTHER THAN R SMALL ENTITY |                        |  |
| TOTAL CLAIMS                                   |   |   | 19                                   |                                   |              |                  | RAT               | RATE FEE                     |                        |            | RATE                      | FEE                    |  |
| FOR  |   |   | NUMBER FILED                         |                                   | NUMBER EXTRA |                  | BASIC             | FEE                          | 385.00                 | OR         | BASIC FEE                 | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |   |   | ( ) minus 20=                        |                                   | • 0          |                  | XS 9              | XS 9=                        |                        | OR         | XS18=                     |                        |  |
| INDEPENDENT CLAIMS                             |   |   | minus 3 =                            |                                   | 0            |                  | X43               | X43=                         |                        | OR         | X86=                      |                        |  |
| MU   | ILTIPLE DEPEN   | IDENT CLAIM P                               | RESENT                               |                                   |              | +145             |                   | _                            | •                      | OR         | +290=                     |                        |  |
|  |   | •   | ess than zero, enter "0" in column 2 |                                   |              |                  | TOTA              | ŗ                            | 385                    | OR         | TOTAL                     |                        |  |
| 1-23 06 CLAIMS AS AMENDED - PART II            |   |   |                                      |                                   |              |                  |                   |                              |                        | •          | OTHER                     | THAN                   |  |
| [  | (Column 1) (Column 2) (Column 3   |   |                                      |                                   |              |                  |                   | L E                          | NTITY                  | OŖ         | SMALL                     |                        |  |
| AMENDMĘNT A                                    | ·,  | CLAIMS REMAINING AFTER AMENDMENT            |                                      | NUME<br>PREVIO                    | BER          | PRESENT<br>EXTRA | RATE              | Ξ.                           | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| MO   | Total   | . 10  | Minus                                | - 2                               | 0            | =                | X\$ 9             | =                            |                        | OR         | X\$18=                    |                        |  |
| ME   | Independent   | • /   | Minus                                | ***                               | 3 .          | =/               | X43=              |                              |                        | OR         | X86=                      |                        |  |
| Ľ  | FIRST PRESE   | NTATION OF MU                               | JLTIPLE DEI                          | PENDENT                           | CLAIM        |                  | +145:             |                              |                        | OR         | +290=                     |                        |  |
|  |   |   |                                      |                                   |              |                  |                   | AL                           |                        | OR         | . TOTAL                   |                        |  |
| (Column 1) (Column 2) (Column 3)               |   |   |                                      |                                   |              |                  |                   | EE L                         |                        |            | ADDIT. FEE                | ·                      |  |
|  |   | CLAIMS                                      |                                      | HIGH                              | EST          | (00)01(1110)     |                   | F                            | ADDI-                  | 1          |                           | ADDI-                  |  |
| NT B   |   | REMAINING<br>AFTER<br>AMENDMENT             |                                      | PREVIO                            | USLY         | PRESENT<br>EXTRA | RATE              | :                            | TIONAL                 |            | RATE                      | TIONAL                 |  |
| AMENDMENT                                      | Total   | •   | Minus .                              | **                                |              | <b>=</b>         | X\$ 9=            | . ]                          |                        | OR         | X\$18=                    | ·                      |  |
|  | Independent   | •   | Minus                                | ***                               |              | <b>=</b> .       | X43= ·            |                              |                        | OR         | X86=                      |                        |  |
| لا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT  |   |                                      |                                   | CLAIM        |                  | +145=             | . 1                          |                        | OR         | +290=                     |                        |  |
|  |   |   |                                      |                                   |              | •                | 101               |                              | :                      | ŧ          | TOTAL                     | •                      |  |
|  |   | (Column 1)                                  |                                      | (Colum                            |              | (Column 3)       | ADDIT. FI         |                              | ليب                    | OR         | ADDIT, FEE                |                        |  |
|  |   | ·   |                                      |                                   |              |                  |                   |                              |                        |            |                           |                        |  |
| AMENDMENT C                                    | `   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT . |                                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA | RATE              | •                            | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus                                | 8                                 |              | =                | X\$ 9=            |                              |                        | OR         | X\$18=                    |                        |  |
|  | Independent   | •   | Minus                                | ***                               |              | =                | X43=              | +                            |                        | OR         | X86=                      |                        |  |
| ۲  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                      |                                   |              |                  |                   | +                            |                        | <u>ا</u> س |                           |                        |  |
| +145= O  |   |   |                                      |                                   |              |                  |                   |                              |                        |            | +290=                     | `                      |  |
|  | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                      |                                   |              |                  |                   |                              |                        |            |                           |                        |  |